

# REQUEST FOR FMLA LEAVE

## EMPLOYEE: COMPLETE SECTION I AND II

### I. EMPLOYEE INFORMATION (PLEASE PRINT)

Employee's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address: \_\_\_\_\_

Class Title: \_\_\_\_\_ Full-Time: ☐ Part-Time: ☐

Agency Name: \_\_\_\_\_ Budget Acct #: \_\_\_\_\_ Position Control # \_\_\_\_\_

### II. LEAVE REQUEST

Estimated Date Leave Will Begin: \_\_\_\_\_ Estimated Date of Return: \_\_\_\_\_

Reason for the Leave: \_\_\_\_\_

\_\_\_\_\_

If leave is requested on an intermittent or reduced leave schedule, please indicate the days of the week and/or hours during the day you will be absent: \_\_\_\_\_

\_\_\_\_\_

If leave is associated with the birth of a child or placement of a child for adoption or foster care, please indicate the date of birth or placement: \_\_\_\_\_ or \_\_\_\_\_  
(Anticipated Date) (Actual Date)

Is your spouse employed by the State of Nevada? ☐ YES ☐ NO

If the leave is to care for a family member with a serious health condition, please specify the name and relationship of the family member to you: \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
Signature of Employee or Designee Date

(If employee is not available to sign request, note verbal conversation, date and the signature of the person who completed the employee's portion of the form.)

## EMPLOYER: COMPLETE SECTION III AND IV

### III. ACCOUNTING FOR LEAVE

Is the employee eligible for FMLA leave? (Refer to Guidelines in Section V.) ☐ YES ☐ NO

NOTE: Employer Response to Employee Request for Family and Medical Leave (NPD-62) must be promptly provided to an employee giving notice of the need for leave for an FMLA-qualifying reason.

Will appropriate types of paid leave be substituted for any portion of the unpaid family and medical leave? ☐ YES ☐ NO

After discussion with employee, please specify the type(s) of leave which will be substituted:

☐ Annual Leave ☐ Sick Leave ☐ Family Sick Leave ☐ Catastrophic Leave

**APPROPRIATE CODES MUST BE INDICATED ON THE WEEKLY TIME SHEET.** (Refer to Guidelines in Section V.)

If the request for leave is due to an employee's serious health condition or the serious health condition of a family member, and a medical certification is required, please provide the certification form (NPD-61) to the employee. The completed medical certification form should be returned directly to the employee's current supervisor, the appointing authority or designated representative.

(over)

#### **IV. AUTHORIZATION**

Leave of Absence Approved: ☐ YES ☐ NO

\_\_\_\_\_  
Signature of Appointing Authority or Designee

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **V. GUIDELINES**

These guidelines are to assist in determining whether a leave request may qualify as FMLA leave.

##### **Family and Medical Leave Act - FMLA**

Eligibility criteria:

- (1) Worked for State of Nevada for at least 12 months (need not be consecutive).
- (2) Worked at least 1,250 hours during 12 months preceding the leave.
- (3) Employed at worksite where the State of Nevada employs at least 50 employees within 75 miles.

Does not apply to elected officials, their personal staff or policy-making appointees. Leave limited to a total of 12 workweeks in a "rolling" 12-month period measured backward from the date an employee uses any FMLA leave.

Must be for FMLA - qualifying purpose:

- (1) Birth of child, and to care for newborn child.
- (2) Placement of child for adoption or foster care.
- (3) To care for the employee's spouse, child, or parent with a serious health condition (see Overview for definitions).
- (4) A serious health condition which makes the employee unable to perform any one or more of the essential functions of his/her position.

Applicable time codes:

UFMAL - FMLA Annual Leave  
UFMCL - FMLA Catastrophic Leave  
UFMFS - FMLA Family Sick Leave  
UFMLP - FMLA Leave Without Pay  
UFMSL - FMLA Sick Leave

UFWAL - FMLA Workers' Compensation Annual Leave  
UFWCL - FMLA Workers' Compensation Catastrophic Leave  
UFWLP - FMLA Workers' Compensation Leave Without Pay  
UFWSL - FMLA Workers' Compensation Sick Leave

#### **VI. DISTRIBUTION**

Original: Employee's Agency Confidential Medical File  
Copy: Employee